

CHILD/FAMILY CASE PLAN (Non-Secure Residential Placement)

IDENTIFYING INFORMATION	
Child's Name:	County:
Child's Date of Birth:	Caseworker PID:

PURPOSE OF PLAN: The goals and tasks outlined in this plan are designed to help resolve issues that led to your involvement with the juvenile justice system and to ensure the safety, permanency, and well being of your family. You will be expected to participate in developing this case plan and demonstrate progress in achieving the goals listed. Your progress will be reviewed and evaluated. In addition to the activities outlined in the case plan, you are expected to adhere to all court ordered conditions of probation.

PRIOR SERVICES: List all services previously provided to help the child remain safely with the family. If no services were provided there **MUST** be an explanation.

FACILITY INFORMATION	
Name of Facility:	Date of Placement:
Address:	
City/State/Zip:	Phone #:

NEED FOR PLACEMENT: Explain why this child requires placement. Discuss the child's behavior **AND** the family situation.

APPROPRIATENESS OF PLACEMENT: Explain what specific services are being provided to meet the child's needs as discussed in the 'need for placement' above.

OUT OF STATE PLACEMENT: If the child is placed outside of Texas, explain why this is in the best interest of the child.

- PERMANENCY PLAN:** Plan for the safe and permanent placement of the child.
- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> return to parent | * <input type="checkbox"/> emancipation/independent living | <input type="checkbox"/> adoption |
| <input type="checkbox"/> place with relative | * <input type="checkbox"/> other permanent living arrangement | |

****If emancipation/independent living or other permanent living arrangement is the permanency plan, explain why this is in the best interest of the child.***

Projected permanency date: _____

MEDICAL/DENTAL DOMAIN
NAMES & ADDRESSES OF CHILD'S MOST RECENT HEALTHCARE PROVIDERS
(prior to placement)

MEDICAL	DENTAL
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone #:	Phone #:

Child's current medications (including psychotropic meds):

Indicate what medications are for:

List any other important medical information/concerns:

Date child's immunization & health records were provided to caregiver:

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

SAFETY/SECURITY DOMAIN

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

RECREATIONAL DOMAIN

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

EDUCATIONAL DOMAIN
NAME & ADDRESS OF CHILD'S MOST RECENT EDUCATIONAL PROVIDER
(prior to placement)

Name:	Phone #:
Address:	City/State:
Child's current grade level placement:	Child's current grade level performance:

Date child's educational records were provided to caregiver:

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			

EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN				
Goal / Need	Intervention	Person(s) Responsible	Time Frame	
1.				
2.				
3.				
RELATIONSHIP/SOCIALIZATION DOMAIN				
Goal / Need	Intervention	Person(s) Responsible	Time Frame	
1.				
2.				
3.				
PREPARATION FOR ADULT LIVING/VOCATIONAL DOMAIN (if child is or will be 16 before next review)				
Goal / Need	Intervention	Person(s) Responsible	Time Frame	
1.				
2.				
3.				
FAMILY SERVICES DOMAIN				
Goal / Need	Intervention	Person(s) Responsible	Time Frame	
1.				
2.				
3.				
SUPPORT SERVICES PROVIDED TO CAREGIVER (identify services the department will provide to the caregiver to assist in meeting the child's needs)				
Goal / Need	Intervention	Person(s) Responsible	Time Frame	
1.				
2.				
3.				
PARTICIPATION IN DEVELOPMENT OF CASE PLAN & DISTRIBUTION				
	Child	Family	Caregiver	Other
Date Notified				Name:
Method of Notification				
Date of Participation				
Date Copy Received/Mailed				
PLAN OF CONTACT				
A. The JPO will maintain contact with the child, family and caregiver on a monthly basis.				
B. The FREQUENCY AND METHOD of contact between the CHILD AND FAMILY is as follows (discuss frequency & method):				

PARENTAL/FAMILIAL RIGHTS AND RESPONSIBILITIES

Along with the right to visit your child, you have the right to be notified of any change in the placement of your child.

You have a right to be notified if there is a change in your visitation schedule.

You have the right to discuss any changes made in the placement of your child and the right to discuss this with the JPO's supervisor if you feel your concerns have not been addressed.

You have the right to know the plan of action necessary to have your child returned to you, and you have the responsibility to follow that plan in order to correct the circumstances which required the placement of your child in substitute care.

You have the right to be notified of any unusual occurrence regarding your child such as injury, illness, runaway, etc.

You have the right to be notified of any child facility staffing, placement review, or administrative hearing, which has the potential for impacting the return of your child. In addition, you have the responsibility to attend these staffings/reviews and participate in the development of the plan of action.

While your child is in placement, you have the right to have the situation reviewed at least every six months to ensure that appropriate treatment is being provided.

I, the undersigned have received a copy of the case plan, understand the case planning process and have been provided an opportunity to participate in the development of the case plan.

SIGNATURES:

CHILD:	DATE:
FAMILY:	DATE:
CAREGIVER:	DATE:
JPO:	DATE:

If any party has not, or refuses to sign, explain: